

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

Carol Shea-Porter

(b) Address (number and street)

PO Box 453

(c) City, State and ZIP Code

Rochester

NH

03866

☐ Check if address changed

2. Identification Number

H6NH01230

3. Is This
Statement☒ New
(N)

OR

☐ Amended
(A)

4. Party Affiliation

DEMOCRATIC PARTY

5. Office Sought

House

6. State & District of Candidate

NH 01

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Carol Shea-Porter for Congress

(b) Address (number and street)

P.O. Box 453

(c) City, State and ZIP Code

Rochester

NH

03866

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

New Hampshire Victory Fund

(b) Address (number and street)

379 Elm St

(c) City, State and ZIP Code

Manchester

NH

03101

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate

Carol Shea-Porter

Date

10/15/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--